2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P94000037131 May 01, 2000 8:00 am 1. Entity Name Secretary of State FWA, INC. 05-01-2000 90033 017 ***150.00 Principal Place of Business Mailing Address 1961 BONNIE CT. 1961 BONNIE CT. DUNEDIN FL 34698-3206 **DUNEDIN FL 34698** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3245700 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ASHCRAFT, F. WAYNE Street Address (P.O. Box Number is Not Acceptable) 1961 BONNIE CT. DUNEDIN FL 34698 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE. Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change | ☐ Addition ☐ Delete TITLE TITLE ASHCRAFT, F. WAYNE NAME NAME STREET ADDRESS STREET ADDRESS 1961 BONNIE CT. CITY-ST-ZIP CITY-ST-7IP **DUNEDIN FL 34698** ☐ Change ☐ Addition TITLE Delete TITLE ASHCRAFT, ESTELLA G NAME NAME STREET ADDRESS STREET ADDRESS 1961 BONNIE CT CITY-ST-ZIP CITY-ST-ZIP **DUNEDIN FL** Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITI F ☐ Addition TITLE NAME NAME STREET ADDRESS

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

EREDRICK W. ASHCRAFT 4-21-00